



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/810,962
		Filing Date	March 16, 2001
		First Named Inventor	Atsuo Omaru, et al.
		Group Art Unit	1745
		Examiner Name	Tracey Mae Dove
Total Number of Pages in This Submission	19	Attorney Docket Number	09792909-4809

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is the Amendment B.						
<input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	5	-	46	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	4	-	8	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$84.00	\$0
APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0
<input checked="" type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Final Office Action dated October 19, 2004 by 2 month(s) for a fee of \$450.00 so that the period for response is extended to March 19, 2005 under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of \$450.00 covers the extension and claim fees.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263						
Dated: March 14, 2005				 W. John Keyes, (Registration No. 54,218)		

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being sent via First Class Mail to: Mail Stop After Final, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: March 14, 2005	 W. John Keyes, (Registration No. 54,218)

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450.00 DP